RoCHaCHa Study Results

Outcomes	Study RSA, n=23	Non-RSA Control, n=24
Diagnosis to clinic presentation, median (interquartile range)	1 (0.0 – 3.5) days	9.5 (6.0 – 22.25) days
Clinic presentation to ART, median (interquartile range)	0 (0.0 – 0.0) days	35.5 (28.0 – 57.0) days
ART to VL <200 copies/mL, median (interquartile range)	14 (7.5-26.5) days	34 (29.75 – 62.75) days
ART to VL <50 copies/mL, median (interquartile range)	27 (11.5 – 29.0) days	74 (31.75- 200.5) days
Linkage and Retained in care at 3 months*	73.9%	50%
*Count of patients seen within 14 days of 84 day mark since ART start.		

Conclusion. RSA with BFTAF reduced time to virologic suppression in all participants newly diagnosed with HIV-1 compared with historical non-RSA model.

Disclosures. Ashley R. Zuppelli, PHARMD, BCACP, AAHIVP, Gilead Sciences, Inc. (Grant/Research Support)Gilead Sciences, Inc. (Advisor or Review Panel member, Research Grant or Support) Michael Mancenido, DO, AAHIVS, Gilead Sciences, Inc. (Grant/Research Support) Jacob Scutaru, MD, Gilead Sciences, Inc. (Grant/Research Support) Alexandra Danforth, PHARMD, BCACP, AAHIVP, Gilead Sciences, Inc. (Grant/Research Support) Robert Biernbaum, DO, MS, FAAEM, AAHIVS, Gilead Sciences, Inc. (Grant/Research Support, Advisor or Review Panel member, Speaker's Bureau) Roberto Corales, DO, AAHIVS, Gilead Sciences (Employee) William M. Valenti, MD, FIDSA, Gilead Sciences, Inc. (Grant/Research Support, Speaker's Bureau)

1040. Real-World Implementation of Dolutegravir-Lamivudine to Achieve and Maintain HIV-1 Viral Suppression at an Academic Medical Center

Kayla Hiryak, PharmD[1]; Geena Kludjian, PharmD[1]; Rafik Samuel, MD, FIDSA[2]; Robert Bettiker, MD, FIDSA, FACP[3]; David E. Koren, PharmD, BCPS, AAHIVP[1]; [1]Temple University Hospital, Philadelphia, Pennsylvania; [2]Lewis Katz School of Medicine, Temple University, philadelphia, PA; [3]Lewis Katz School of Medicine at Temple University, Philadelphia, Pennsylvania

Session: P-47. HIV: Treatment

Background. Two-drug antiretroviral (ARV) regimens to achieve and maintain HIV viral suppression may lead to decreases in associated drug interactions, adverse events, and pill burden. Dolutegravir-lamivudine (DTG-3TC) has been established as safe and effective in treatment naïve and experienced adults. Further research is warranted to assess insertion into real-world practice.

Methods. This descriptive retrospective cohort consisted of all patients at an academic medical center HIV practice with a confirmed order of DTG-3TC between April 2019 and March 2020. Patients who were not linked to care by the site's practices were excluded. The primary endpoint was number of patients initiated on DTG-3TC to determine uptake. Secondary endpoints included demographics and viral outcomes. Descriptive measures of central tendencies and variability were used for analysis.

Results. DTG-3TC was initiated in 49 patients. Sixty-nine percent were male (34/49), 90% carried publicly funded insurance (44/49), median age at DTG-3TC initiation was 55 years (IQR 46-60), and mean years since HIV diagnosis was 14 (SD ±8). The largest racial/ethnic category represented was Black (45%, 22/49). Forty-seven patients with a mean CD4 of 753 cells/mm3 (±413) and viral load of 88.2 copies/mL (±525) were switched from alternative regimens, mostly containing an integrase inhibitor (41/47, 87%), and with the primary rationale of medication modernization (27/47, 58%) followed by avoidance of adverse drug reactions (15/47, 32%). From 42 assessed patients, 62% had previous ARV exposure length of over 10 years. No patients were found to have significant resistance mutations to the involved agents. After initiation, 6% (3/49) of patients reported side effects. Among switch patients with follow up lab values, median CD4 (n=20) and viral load (n=21) deltas were -10 cells/mm3 (-59-67) and 0 copies/mL (0-0) respectively. Overall median length of therapy through April 1, 2020 was 110 days (71-156).

Conclusion. Initial implementation of DTG-3TC was successful in a northeast academic HIV practice primarily among virally suppressed treatment switch patients with long exposures to ARV and time since diagnosis. No clinically relevant change in CD4 or Viral Loads were immediately seen.

Disclosures. **David E. Koren, PharmD, BCPS, AAHIVP**, **Gilead Sciences** (Advisor or Review Panel member)**Janssen Pharmaceuticals** (Advisor or Review Panel member)**Thera Technologies** (Advisor or Review Panel member)

1041. Tenofovir alafenamide associated weight change in persons living with HIV

Carlysle E. Crowder, PharmD[1]; Jeannette Bouchard, PharmD[2]; Sharon Weissman, MD[2]; Caroline Derrick, PharmD[2]; [1]Prisma Health, Columbia, South Carolina; [2]University of South Carolina, Columbia, SC

Session: P-47. HIV: Treatment

Background. Persons living with human immunodeficiency virus (PLWH) have a higher incidence of developing obesity, diabetes, and cardiovascular disease. TAF, a newer formulation of tenofovir, has favorable effects on renal function and bone mineral density compared to TDF. However, recent evidence suggests TAF may have a higher propensity for weight gain over TDF. The purpose of this study is to evaluate weight change in patient switched from TDF to TAF, keeping constant the other components of their antiretroviral therapy.

Methods. This retrospective observational cohort study evaluated adult PLWH who were followed for 12 months pre and post TDF to TAF therapy switch holding all other ART constant. Patients were excluded if not on TDF or TAF therapy for a minimum of 12 months, if there were additional changes to their ART, or if there was inadequate documentation of weight defined as less than 2 weight records pre and post TAF switch. Data collected included height, weight, HIV RNA, CD4 count, and presence of any current opportunistic infections or chronic comorbid conditions. The primary endpoint was change in weight after TAF switch. All variables were evaluated using linear mixed effect models over time.

Results. 466 patient charts were reviewed and 55 patients met study criteria and were included in the analysis. The median age (SD) of patients included was 45.9 (12.6) years with most patients being male (67%) and black (73%). Patients had an HIV diagnoses for a mean (SD) of 10 (6.6) years with a mean (SD) CD4 count of 544 (246.8). Full baseline characteristics are recorded in Table 1. Notably, most patients had either an INSTI or PI in their baseline ART regimen (Table 1). The estimated overall marginal mean weight gain was 1.91 kg (95% CI 0.25-3.57, p=0.024). The estimated overall gain in BMI was 0.63 kg/m2 (95% CI 0.08-1.18). Significant predictors of weight gain included female gender (3.09, 95% CI 0.54 – 5.65) and use of both integrase and protease inhibitors at baseline (6.97 kg, 95% CI 3.02 – 10.92).

Conclusion. In a predominantly black, male population, there was a statistically significant change in weight after a TAF switch.

As this is the only data highlighting weight changes following tenofovir formulation change, more data is needed to elucidate the extent of weight-gain in patients on TAF-based regimens.

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1042. The Attitude of Patients With HIV about Telehealth for Their HIV Care

Dima Dandachi, MD[1]; Bich Dang, MD[2]; Thomas Giordano Giordano, MD, MPH[2]; [1]University of Missouri - Columbia, Columbia, Missouri; [2]Baylor College of Medicine, Houston, Texas

Session: P-47. HIV: Treatment

Background. The world is facing a pandemic of SARS-CoV-2 that disrupted our healthcare system and the way we deliver healthcare. For people with HIV (PWH), the ability to be retained in care plays a critical role in improving health outcomes and in preventing HIV transmission. Several definitions exist for retention in care, but they are centered around outpatient clinic visits. It is now more important than ever to understand PWH's attitudes about using telemedicine for HIV care instead of face-to face clinic visits.

Methods. We administered a one-time survey to PWH presenting to an outpatient HIV center in Houston, Texas, from February–June 2018. The survey items were used to assess PWH's attitudes towards and concerns for telehealth and explanatory variables.

Results. 371 participants completed the survey; median age was 51, 36% were female, and 63% African-American. Overall, 57% of respondents were more likely to use telehealth for their HIV care if available, as compared to one-on-one in-person care, and 37% would use telehealth frequently or always as an alternative to clinic visits.

Participants reported many benefits including ability to fit better their schedule, decreasing travel time, and privacy but expressed concerns about the ability to effective communication and examination and the safety of personal information. Factors associated with likelihood of using telehealth include personal factors (US-born, men who have sex with men, higher educational attainment, higher HIV-related stigma perception), HIV-related factors (long standing HIV), and structural factors (having difficulty attending clinic visits, not knowing about or not having the necessary technology). There was no association between participants with uncontrolled HIV, medication adherence, and likelihood of using telehealth.